

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004101

Entity Name: CEDAR RIDGE TOWNHOMES ASSOCIATION, INC.**Current Principal Place of Business:**100 FOREST DR.
BOYNTON BEACH, FL 33426**Current Mailing Address:**C/O CMC MANAGEMENT
2950 JOG ROAD
GREENACRES, FL 33467**FEI Number:** 65-0897569**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DICKER, KRIVOK & STOLOFF
1818 SOUTH AUSTRALIAN AVENUE
WEST PALM BEACH, FL 33409 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	SECT
Name	CAMILLE, MARTIN
Address	348 SPRUCE ST
City-State-Zip:	BOYNTON BEACH FL 33426

Title	PRESIDENT
Name	VEAL, MELISSA
Address	305 SPRUCE ST
City-State-Zip:	BOYNTON BEACH FL 33426

Title	D
Name	BRODI, CHERE
Address	107 SPRUCE ST
City-State-Zip:	BOYNTON BEACH FL 33426

Title	DIRECTOR
Name	HYACINTHE, FRANTZI
Address	140 SPRUCE
City-State-Zip:	BOYNTON BEACH FL 33426

Title	TREA
Name	EDWARDS, CYNTHIA
Address	328 SPRUCE ST
City-State-Zip:	BOYNTON BEACH FL 33426

Title	D
Name	SABA, RICK
Address	106 SPRUCE ST
City-State-Zip:	BOYNTON BEACH FL 33426

Title	VP
Name	FRANK, RANDI
Address	115 SPRUCE
City-State-Zip:	BOYNTON BEACH FL 33426

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MELISSA J. VEAL**PRESIDENT****04/09/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date